

<b>Case Number:</b>	CM15-0041945		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female, who sustained an industrial injury on March 12, 2014. The injured worker was diagnosed as having post-concussion syndrome, cervical and lumbar disc displacement and headache. Treatment to date has included medication and magnetic resonance imaging (MRI). A progress note dated February 10, 2015 the injured worker complains of neck pain rated 6/10 since having cervical facet joint block on February 3, 2015. She also has headaches, blurred vision and depression. Follow up visit on February 24, 2015 notes a 50% decrease in cervical pain at best and now a 30% reduction in neck pain since her block. Previous magnetic resonance imaging (MRI) was noted. The plan is for bilateral cervical radiofrequency ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Radiofrequency ablation, arthrogram, under fluroscopic guidance and intervaneous sedation at bilateral C4-C5 and C5-C6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint pain, signs & symptoms; Neck Chapter, Cervical Diagnostic Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Neck, Topic: Facet joint radiofrequency neurotomy.

**Decision rationale:** The criteria for use of cervical facet radiofrequency neurotomy per ODG guidelines include 1. Treatment requires a diagnosis of facet joint pain using facet joint diagnostic blocks. 2. Approval dependence on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score and documented improvement in function. 3. No more than 2 joint levels are to be performed at 1 time. 4. If different regions required neural blockade these should be performed at intervals of no sooner than one week and preferably 2 weeks for most blocks. 5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. 6. While repeat neurotomies may be required, this should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at greater than or equal to 50% relief. The current literature does not support that the procedure is successful without sustained pain relief generally of at least 6 months duration. No more than 3 procedures should be performed in a year's period. The criteria for use of diagnostic blocks indicate one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. The pain response should be approximately 2 hours for lidocaine. The progress note dated 2/24/2015 indicated that the diagnostic blocks were done on 2/3/2015. There was 50% reduction in pain on the left side. Overall there was 30% reduction in pain and 35% in the headaches. The guidelines as stated above require 70% or greater response to the diagnostic blocks for indication of radiofrequency neurotomy. However, the documentation submitted at this time indicates that radiofrequency neurotomy has been certified on appeal. As such, the medical necessity of the radiofrequency neurotomy has been established and is medically necessary.